

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Bison Courier		2. DATE 09/19/2024
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$45 in area/\$50 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 429 Bison, Perkins, SD 57620-0429		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) FAIT LLC PO Box 38 Faith, SD 57626		
6. FULL NAME OF PUBLISHER: Kris Stocklin-Johnson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">FULL NAME</p> <p>Kris Stocklin-Johnson(50%) Russel Johnson (50%)</p> </div> <div style="width: 45%;"> <p style="text-align: center;">COMPLETE MAILING ADDRESS</p> <p>PO Box 402 Faith, SD 57626 PO Box 402 Faith, SD 57626</p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) Ravellette Publications, Inc. - Donald Ravellette		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	696	700
B. PAID AND/OR REQUESTED CIRCULATION	167	174
1. Sales through dealers and carriers, street vendors, and counter sales.		
2. Mail Subscription (Paid and or requested)	398	396
3. Paid Electronic Copies	21	25
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	586	595
D. FREE DISTRIBUTION	30	30
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	616	625
F. COPIES NOT DISTRIBUTED	52	53
1. Office use, left over, unaccounted, spoiled after printing		
2. Return from News Agents	28	22
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	696	700

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

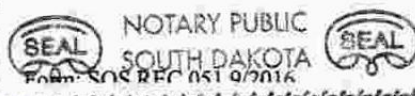
Kris Stocklin-Johnson
 (Signature)

Owner
 (Title)

State of South Dakota)

County of *Meade*)

(Seal) **CARMEN LEMMEL**



Sworn to before me this *25th* day of *September*, 20*24*

Carmen Lemmel
 Notary Public

My commission expires: *10/10/28*